

ESCORT TRAVEL ESTIMATE

The Military Medical Support Office (MMSO) requires the following information from you to obligate your travel request. If the information below is not provided, the payment may be delayed.

* Denotes required field

1	Date:	
2	NAME OF ESCORT:*	
3	Rank:*	
4	SSN (use last 4 digits):	
5	Command:*	
6	Duty Address:*	
7	Phone/Fax Number/E-mail:*	
8	ESTIMATED COSTS:	
9	Common Cost Carrier:*	Round Trip: One way:
10	Per Diem:*	
11	Lodging:*	
12	Rental Car Expense:	
13	Miscellaneous:*	
14	TOTAL ESTIMATED COSTS	
15	SUBMITTED BY:	
16	Command name:*	
17	Address:	
18	Phone:*	
19	COMPLETED COPY OF TRAVEL VOUCHER TO BE SUBMITTED BY:	
20	Command name:*	
21	Address:*	
22	Phone:*	
23	POC:*	
24	NAME OF DECEASED:*	
25	Rank:	
26	SSN: (use last 4 if available)	
27	GTR cost for remains:*	

A copy of the 1320/16 must be submitted to the Military Medical Support Office, 320A B Street, PO Box 886999, Great Lakes, IL 60088-6999 or fax to 847-688-6139 for obligation purposes. A copy of the final liquidation summary (DD1351-2) must be forwarded/faxed to the MMSO office at the address/fax number above. If you have any questions, contact Financial Services/Care of the Dead/Mortuary Affairs 847-688-3950 ext 6655 or Email at mmso-fs@mmso.med.navy.mil

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